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<p align="center">TRANSMITTAL FORM</p> <p align="center">(to be used for all correspondence after initial filing)</p> <p>Total Number of Pages in This Submission: 13</p>	Application Number	09/855,804
	Filing Date	May 16, 2001
	First Named Inventor	Linda Ann Roberts
	Art Unit	2685
	Examiner Name	Jason E. Mattis
	Attorney Docket Number	BS00337

ENCLOSURES

(Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks: This is a Request for Reconsideration in response to December 14, 2005 Office Action along with Three Month Extension of Time Request and fee (Credit Card Payment Form). <p><i>I'VE TRIED SENDING/FAXING THIS MANY TIMES + KEEP GETTING COMMUNICATION ERRORS + AM ATTACHING REPORTS. PLEASE GIVE ME BENEFIT OF 6/14/06 FINAL</i></p>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Name (Print/Type)	Bambi Faivre Walters	Reg. No.:	45,197
Signature	<i>Bambi Walters</i>		
Date	June 14, 2006		

CERTIFICATE OF TRANSMISSION / MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner For Patents, PO Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Name (Print/Type)	Bambi Faivre Walters	Date	June 14, 2006
Signature	<i>Bambi Walters</i>		

HP LaserJet 3200se

WALTERS & ZIMMERMAN
757-253-5729
JUN-14-2006 10:52PM



Fax Call Report

Job	Date	Time	Type	Identification	Duration	Pages	Result
212	6/14/2006	10:50:26PM	Send	15712738300	2:02	1	Comm Error 441

TRANSMITTAL FORM		Application Number	
(to be used for all correspondence after initial filing)		02/095,804	
Total Number of Pages in This Submission: 13		Filing Date	
		May 14, 2001	
		First Named Inventor	
		Linda Ann Roberts	
		Art Unit	
		3500	
		Examiner Name	
		Jason E. Wells	
		Attorney Docket Number	
		BS00337	
ENCLOSURES			
(Check all that apply)			
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavit/Declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certificate Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Unusually-colored Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CO Number of CO(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Briefs, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):	
REMINDER: This is a Request for Reconsideration in response to December 14, 2005 Office Action along with Three Month Extension of Time Request and fee (Credit Card Payment Form).			
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Name (Print/Type)	Bambi Falvo Walters	Reg. No.:	45,187
Signature	<i>Bambi Falvo Walters</i>		
Date	June 14, 2006		

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Name (Print/Type)	Bambi Falvo Walters
Signature	<i>Bambi Falvo Walters</i>
Date	June 14, 2006

HP LaserJet 3330

WALTERS & ZIMMERMAN
7576453367
Jun-14-2006 11:00PM



Fax Activity Log

Job	Date	Time	Type	Identification	Duration	Pages	Result
676	6/ 2/2006	7:19:34AM	Receive	7575942745	1:03	7	OK
677	6/ 2/2006	10:56:06AM	Receive		0:38	0	No Fax Detected
678	6/ 2/2006	11:25:21AM	Send	15712738300	9:58	22	OK
679	6/ 2/2006	11:35:51AM	Receive	USPTO	0:53	1	OK
680	6/ 5/2006	10:02:24AM	Receive	7575948530	0:33	3	OK
681	6/ 5/2006	4:16:45PM	Send	18004355137	0:17	0	Stop
682	6/ 5/2006	4:17:47PM	Send	18043676379	0:54	1	OK
683	6/ 6/2006	2:34:28PM	Receive	7575948530	0:37	3	OK
684	6/ 6/2006	5:29:30PM	Receive	757 345 3116	3:11	1	Comm Error 282
685	6/ 6/2006	5:37:06PM	Receive	757 345 3116	2:08	5	OK
686	6/ 7/2006	7:08:01AM	Receive	7575942745	0:24	2	OK
687	6/ 7/2006	2:26:51PM	Receive	7575948530	0:33	3	OK
688	6/ 8/2006	4:30:44AM	Receive	33416103	0:33	3	OK
689	6/ 9/2006	10:31:33AM	Receive	7575948530	0:32	3	OK
690	6/ 9/2006	12:41:36PM	Receive	7575948530	1:02	7	OK
691	6/ 9/2006	1:42:43PM	Send	15712738300	3:26	6	OK
692	6/ 9/2006	1:46:31PM	Receive	USPTO	0:52	1	OK
693	6/ 9/2006	2:28:41PM	Monitor Dial		0:00	0	Stop
694	6/ 9/2006	2:29:54PM	Send	15712738300	1:40	4	OK
695	6/ 9/2006	2:32:11PM	Send	15712738300	1:30	4	OK
696	6/ 9/2006	2:34:34PM	Receive	USPTO	0:53	1	OK
697	6/ 9/2006	2:35:32PM	Send	15712738300	1:48	4	OK
698	6/ 9/2006	2:37:36PM	Receive	USPTO	0:53	1	OK
699	6/ 9/2006	2:43:40PM	Receive	USPTO	0:46	1	OK
700	6/ 9/2006	3:04:38PM	Send	15712738300	1:41	4	OK
701	6/ 9/2006	3:06:40PM	Receive	USPTO	0:45	1	OK
702	6/12/2006	9:57:59AM	Send	15712735968	1:07	1	OK
703	6/12/2006	12:06:47PM	Send	15712738300	11:59	26	OK
704	6/12/2006	12:19:23PM	Receive	USPTO	0:45	1	OK
705	6/12/2006	3:15:17PM	Receive	7033085359	0:57	2	OK
706	6/13/2006	11:58:38AM	Receive	7575948530	0:34	3	OK
707	6/13/2006	2:39:21PM	Send	15712738300	3:57	7	OK
708	6/13/2006	2:44:02PM	Receive	USPTO	0:53	1	OK
709	6/13/2006	2:57:48PM	Receive	7575948530	0:32	3	OK
710	6/14/2006	8:58:20AM	Receive	7575948530	0:57	6	OK
711	6/14/2006	10:33:24AM	Receive	7575948530	0:37	3	OK
712	6/14/2006	1:43:40PM	Receive	7575948530	0:32	3	OK
713	6/14/2006	10:48:06PM	Send	15712738300	0:43	0	Comm Error 386
714	6/14/2006	10:50:02PM	Send	15712738300	0:06	0	Stop
715	6/14/2006	10:53:08PM	Send	15712738300	6:09	8	Comm Error 441
	6/14/2006	11:00:27PM	Redial	15712738300		0	Pending

USPTO
TO:Auto-reply fax to 7576453367 COMPANY: 8/15/2006 12:07 AM PAGE 1/001 Fax Server

Auto-Reply Facsimile Transmission



TO:

Fax Sender at 7576453367

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Date Received:

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Total Pages:

8 (including cover page)

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Received
Cover
Page
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Jun 14 2006 10:52PM WALTERS & ZIMMERMAN		7576453367	P. 1
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number: 08/801,044 Filing Date: May 15, 2001 First Named Inventor: Linda Ann Roberts Attn: 2961 Examiner Name: Jason E. Smith Attorney/Agent Number: 6306337
Total Number of Pages in This Submission: 13		
ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Answer to Reply <input type="checkbox"/> After Final <input type="checkbox"/> After Withdrawal or other(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Examination Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Unpublished Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Ratification <input type="checkbox"/> Change of correspondence Address <input type="checkbox"/> Trademark Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> C.O. Number of CO(s) Remark: This is a Request for Reconsideration in response to December 14, 2005 Office Action along with Three Month Extension of Time Request and fee (Credit Card Payment Form).	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appellate Review, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (Specify item below):
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Name (Print/Type)	Bambi Elaine Walters	Reg. No.: 45,197
Signature	<i>Bambi Walters</i>	
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Name (Print/Type)	Bambi Elaine Walters	Date: June 14, 2006
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